

# The Frances Taylor Foundation Laverstoke Gardens

## Inspection report

49 Laverstoke Gardens  
Roehampton  
London  
SW15 4JB

Tel: 02082466824  
Website: [www.ftf.org.uk](http://www.ftf.org.uk)

Date of inspection visit:  
21 March 2022

Date of publication:  
13 April 2022

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Laverstoke Gardens is a residential care home providing personal care for up to seven autistic people or with a learning disability, in one adapted building. At the time of our inspection the home was fully occupied.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The home enabled people to exercise their own personal choices and remain independent in the aspects of their lives they were able to. People were well cared for by staff that valued them and respected their privacy and dignity.

### Right Care

People received care that respected their privacy and dignity. Staff responded to individual need in a compassionate way.

### Right Culture

The home was well managed and staff were well supported to demonstrate the ethos of the organisation and support people to feel empowered in their day-to-day lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were safely recruited. Safeguarding, incidents or accidents were appropriately identified, reported and investigated. People received their medicines in line with their needs. Risk assessments were clear in defining potential areas of need and the steps staff needed to take to mitigate risks occurring.

Staff were well trained in meeting people's needs. People were supported to eat and drink, and their healthcare needs were addressed in a timely manner. The home was well maintained and hygienic throughout. People were enabled to personalise their own rooms.

Staff treated people with dignity and respect, and they felt well cared for. People were supported to communicate their preferences and these were accommodated in their daily care planning and their opportunities to engage in activities.

The registered manager was well thought of and ran the service well. People, relatives and staff felt they were listened to and well supported. The provider ensured regular quality assurance checks provided oversight of the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 November 2017).

#### Why we inspected

This was a routine inspection based on the providers last rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laverstoke Gardens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Laverstoke Gardens

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Laverstoke Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Laverstoke Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held on our system, including statutory notifications sent to us by the provider.

We used all this information to plan our inspection.

During the inspection

We looked at two people's care records, and three staff files. We spoke with one person living at the home, two care staff and the registered manager. We looked at documents in relation to the management of the service including accident and incidents records, premises documents, safeguarding records and complaints.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We received feedback from three relatives. We also reviewed additional evidence such as policies and procedures, quality assurance audits and the staff training matrix.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify, report and escalate suspected abuse and poor practice. A staff member told us, "Our first point of call is the manager, if she does not do anything, we will take it to her superior. If nothing happens, I will raise it with the safeguarding team at the local authority."
- Records showed staff had received safeguarding training. There were no outstanding safeguarding investigations at the time of inspection.

Assessing risk, safety monitoring and management

- Risks were managed safely to ensure people were safe. A relative said, "The interaction I have with staff and management at Laverstoke Gardens gives me confidence that their procedures, empathy and level of care ensure a safe environment."
- Staff had a clear understanding of the risk assessments in place. One staff member told us, "When we are doing a risk assessment, we are looking at potential risks and how we are best able to eliminate or minimise the hazard for the service user."
- Risk assessments were clear in detailing the likelihood of risk occurrence and clearly detailed for staff people's individual potential risks and the appropriate way to support them safely.

Staffing and recruitment

- People received ongoing support from a well-established staff team, that had undergone robust recruitment checks to ensure their suitability for the role.
- There were adequate numbers of staff deployed to keep people safe and meet their needs.
- Staff personnel files contained an application form, interview answers, satisfactory references and photographic identification. Staff were subject to a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People continued to have their medicines managed and administered in line with good practice. People told us the staff helped them to take their medicines when required.
- Staff were aware of the importance of raising any medicines errors or concerns with senior staff immediately, to minimise the risk of harm to people they supported.
- Medicines were stored safely and only those with authorisation had access to them. Medicine Administration Records (MAR) were signed for correctly with no gaps or omissions.

- Records showed staff had received medicines training.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visitors to the service were welcomed. Robust screening those who could demonstrate a negative lateral flow could access the service.

During the height of the COVID-19 pandemic, visitors were required to access the service through a separate entrance leading to the garden. The service had a specific area at the rear of the property whereby visitors could meet safely with people.

#### Learning lessons when things go wrong

- Incidents and accidents were well recorded and analysed to ensure that patterns or trends were analysed.
- Records showed that clear actions were shared with the staff team to reduce the likelihood of incidents reoccurring



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to their admission to the home. The provider utilised the information obtained to develop personalised care plans that reflected people's presenting needs.

Staff support: induction, training, skills and experience

- Training provided to staff meant that people received support from staff who were knowledgeable about their roles and responsibilities.
- Staff spoke positively about the training provided. One staff member told us, "The training has gone very well. Since the pandemic we have moved to online training which is good. The last training course I was on was safeguarding, first aid and COVID-19."
- Training provided included, for example, safeguarding, infection control, epilepsy, mental health, learning disabilities, fire safety, medicines and diabetes awareness.
- Staff continued to reflect on their working practices through regularly supervisions and annual appraisals. A staff member told us, "I do have regular supervisions. I believe that we use the supervisions to assess performance and if there are any issues that need to be addressed, we are able to discuss these at the supervision meeting. We talk about any additional training someone may need. Supervisions are important and stop us from stagnating."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access food and drink that met their dietary needs and requirements. People's specific dietary needs were catered for.
- One person told us they enjoyed the food provided.
- The service used a weekly menu which people were encouraged to devise. The menu contained food that reflected people's preferences.
- People were encouraged to eat healthily and in line with guidance from healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support from other healthcare professionals this was arranged in a timely manner. Records showed that people were referred to relevant healthcare professionals such as physiotherapy, GP and other care services that were able to meet people's individual needs.
- People received timely care that was relevant to their needs. When people were admitted to the home the provider ensure they liaised with, for example, day care providers to ensure there was as little disruption to

people's routines as possible and to provide continuity of care.

Adapting service, design, decoration to meet people's needs

- The premises were very well kept and clean throughout. The home accommodated people's individual needs through communal spaces, such as an area in the lounge for sensory items that some people chose to engage with.
- People's rooms were personalised and decorated to their own tastes and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment was sought prior to being delivered.
- Staff had an understanding of their roles and responsibilities in line with legislation. One staff member told us, "[The MCA] is about us ensuring the person has the capacity to make a decision."
- Records showed that the provider made DoLS applications in a timely manner. Staff were clear on any conditions they needed to follow to ensure people were not deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff cared for people well and respected their needs. Relatives said, "Yes, especially those who have known [person] for a long time" and "I am happy with the way staff care for my [loved one]. I have seen how caring they [staff] are and how much my [loved one] loves the staff. They have a good relationship with my [loved one] and know her habits well and they often keep me updated."
- People continued to have their diverse needs respected and were treated equally.
- People's faith and cultural needs were recorded in their care plans. Prior to the COVID-19 pandemic, people were supported to attend places of worship. Staff confirmed this would be recommence in the coming weeks.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views and make decisions about the care they received.
- Relatives told us, "[Person] is always happy and the staff always keep me updated about her wellbeing." Relatives also confirmed, and records showed that people and those important to them were consulted about their care needs.
- Staff were aware of the importance of offering people choices to make decisions. A staff member told us, "We usually give people freedom to tell us what it is they want. We can offer them things by showing them items which they will pick, i.e. with food and clothing."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity promoted and were encouraged to maintain their independence.
- A staff member told us, "We try to support people to do their own thing with supervision. We use prompting to help people, for example when they're brushing their teeth or getting dressed."
- Records showed that one person liked to lay the table for all at mealtimes and this was incorporated into their care plan.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were clear in defining people's personalised needs and preferences. Relatives told us they were consulted in care plan reviews to ensure people's care needs were up to date.
- A relative said, "This is a lovely home for my [loved one]. She is comfortable and happy. Whenever I ring or have facetime, I come away feeling happy my [loved one] is well cared for."
- Records clearly detailed people's preferences in their care, such as how they liked to spend their time and how they liked to be cared for by staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported by staff that knew people's preferred communication methods.
- A staff member told us of one person's specific communication needs and how that individual needed to communicate. Staff were clear in how they needed to respond to ensure the person felt listened to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to participate in activities that met their social needs and preferences. A relative said, "They take [loved one] to the shops for personal items, printing out photographs that have been emailed for her, arranging video calls with various family members and securing voluntary work."
- One person told us they enjoyed going out into the community and to the local swimming baths. However, they understood the current limitations on accessing the community due to the pandemic.
- Records showed activities timetables were personalised and included for example, work placements, attending the day centre, visiting the library, swimming, accessing the community centre and attending places of worship.

Improving care quality in response to complaints or concerns

- complaints procedures were clear and accessible. People told us they would raise concerns with the staff

team should the need arise.

- Records showed the provider had a complaints policy which staff were familiar with.
- One complaint had been received in the last 12 months, which the registered manager investigated and actioned in a timely manner. The registered manager ensured lessons were learned to minimise repeat occurrences.

#### End of life care and support

- Where people were able to, and wished to express their end of life wishes this was on their care plan. This was recorded in a pictorial and easy read format to support people to reflect on and review their choices.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was well thought of and ran the home well. Staff spoke positively about the registered manager. Comments included, "The [registered] manager is very good, she holds the team together and is effective. She relates well with the service users, relatives and staff" and "[Registered manager] is a very supportive manager and is humble. She works well with the staff and the service users and she sets a good example."
- Relatives said, "[Registered manager] is a very caring person and very approachable" and "All liaison with the manager, together with [the deputy] and other staff members, has been positive and I know that they listen to me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager clearly understood their responsibility to apologise where mistakes were made. The registered manager understood their accountability and the need to be transparent with people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were able to be involved in the day-to-day running of the home. A staff member said, "The [registered manager] asks for our views, we work together as a team and she listens to us all." Another staff member told us, "We do have regular team meetings, we talk about team-work, the key areas of work [for example] medicines etc."
- Quality assurance audits were clear in their monitoring and review of the service to ensure that any improvement areas were promptly identified and remedied. Records showed that there was organisational support to ensure the registered manager was able to make changes at the home.
- Statutory notifications were submitted to the Care Quality Commission in a timely manner and the registered manager understood their legal obligation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were well engaged in providing their feedback about the home. We saw records of

surveys completed with both people and their relatives.

- Staff were fully consulted on their workplace satisfaction, and the most recent survey demonstrated positive feedback.

Working in partnership with others; Continuous learning and improving care

- The provider worked alongside the local authority, local day centres and other support networks to meet people's needs.
- The home strove to improve the ways in which they met people's needs, recognising the impact of the COVID-19 pandemic and how they supported people to understand the ways it had changed their day to day lives.